

AKWESASNE AREA MANAGEMENT BOARD

JOB OPPORTUNITY PROGRAM

PAYMENT CLAIM FORM



| | |
|-----------------|-------------|
| FILE NUMBER: | SOURCE DOC. |
| PERIOD CLAIMED: | SOURCE DOC. |
| TO: | |

| NAME OF EMPLOYER: | | | | | |
|---|--------------------------------|------------------------------|------------------|------------------------|---|
| MAILING ADDRESS | | | | | |
| PROVINCE: | POSTAL CODE: | CONTACT PERSON: | PHONE NUMBER: | | |
| COL 1 PARTICIPANT NAME / OCCUPATION | COL 2 HOURS CLAIMED | COL 3 AAMB HOURLY RATE | | COL 4 TOTAL CLAIMED | ACCUMULATED TO DATE A.A.M.B. USE |
| | | | | | |
| TOTAL WAGE COST: | | | | 5220 | |
| TRAINING COSTS | OFF JOB SITE | TOTAL HOURS | RATE PER HOUR | | |
| | ON-THE-JOB | TOTAL HOURS | RATE PER HOUR | | |
| TOTAL TRAINING COST: | | | | 5226 | |
| OVERHEAD COSTS (PLEASE ATTACH COPIES OF RECEIPTS): | | | | 5224 | |
| SPECIAL COSTS: | EQUIPMENT PURCHASE: | | | 5255 | |
| | EQUIPMENT LEASING: | | | 5255 | |
| | COSTS FOR THE DISABLED: | | | 5252 | |
| | AUDIT: | | | 5272 | |
| TOTAL: | | | | | |

EMPLOYER CERTIFICATION:

I/WE CERTIFY THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT.

AGREEMENT SIGNATORY

[PLEASE PRINT NAME / DATE]

A.A.M.B. / OFFICIAL USE:

| TYPE | AMOUNT | CR | CHEQUE INFORMATION | DATA ENTERED |
|------|--------|----|--------------------|--------------|
| | | | | |
| | | | | |

CERTIFIED TO BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT:

A.A.M.B. SIGNATORY

DATE

OFFICIAL USE ONLY:

| | | | | | |
|-----------|------------------|-----------|--------------|----------------|--|
| ORG TYPE: | PROJECT OFFICER: | NOC CODE: | S.I.C. CODE: | ACTIVITY CODE: | |
|-----------|------------------|-----------|--------------|----------------|--|

AGREEMENT ACTIVITIES REPORT

PLEASE PROVIDE A GENERAL STATEMENT OF THE ACTIVITIES UNDERTAKEN AND/OR THE TRAINING PROVIDED TO THE PARTICIPANTS [EMPLOYEES] DURING THIS PERIOD BEING REPORTED.